

*Washington*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece.</li> </ul>		<p>A. Signature <i>Judie Ketchum</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Judie Ketchum</i> C. Date of Delivery <i>1/10/07</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</p>	
<p>1. </p> <p>Barbour County Environmental Health Department Commission c/o David Nix P. O. Box 219 Clayton, AL 36016</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <i>2005 1160 0001 2962 1300</i></p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

*Washington*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece.</li> </ul>		<p>A. Signature <i>Judie Ketchum</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Judie Ketchum</i> C. Date of Delivery <i>1/10/2007</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</p>	
<p>1. </p> <p>Beverly Spivey c/o David Nix P. O. Box 219 Clayton, AL 36016</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <i>2005 1160 0001 2962 1317</i></p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540